

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07816

FILED
Apr 12, 2005
Secretary of State

Entity Name: PLANT CITY CHILDREN'S THEATRE GUILD, INC.

Current Principal Place of Business:

507 N. WHEELER STREET
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

2403 KAREN DR
PLANT CITY, FL 33566 US

New Mailing Address:

FEI Number: 59-3264592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERIDGE, SHARON
2403 KAREN DR
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVERIDGE, SHARON
Address: 2403 KAREN
City-St-Zip: PLANT CITY, FL

Title: P () Delete
Name: MYERS, KATHY
Address: 507 N WHEELER ST
City-St-Zip: PLANT CITY, FL 33563

Title: S () Delete
Name: JOHNS, KIM
Address: 4509 NESMITH RD
City-St-Zip: PLANT CITY, FL 33567

Title: T (X) Delete
Name: MOUNT, FAYE
Address: 6917 DORMANY RD
City-St-Zip: PLANT CITY, FL 33565

Title: VP () Delete
Name: ALOYO, MARIE
Address: 507 N WHEELER ST
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: EVERIDGE, JACKIE
Address: 2403 KAREN DR
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACKIE EVERIDGE

D

04/12/2005

Electronic Signature of Signing Officer or Director

Date